Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
			71. DOILDING.	•.	F	₹					
		HAL069002	B. WING			8/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE GARDENS OF PAMLICO 22 MAGNOLIA WAY GRANTSBORO, NC 28529											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE					
{C 000} Initial Comments			{C 000}								
	This report is of a F Getchell on July 28	followup Survey done by Bob 3, 2016.									
		y revealed that all deficiencies ected, therefore a new plan of ed.									
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}								
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and									
	protection equipme	ations, the facility fire nt was not maintained in a pwing openings in the fire rated									
	Followup Findings	on July 27, 2016:									
	stepped on in the a sprinkler heads to h and openings in the	t supply piping had been titic which lead to all of the nave dropped escutcheons a sheet-rock ceiling at each leat are located in the Blue age Closet.									
		sing in SCU sing in SCU room 105 Sprinkler to perform sprinkler									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
			A. BUILDING:	01		₹						
		HAL069002	B. WING			28/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
THE GARDENS OF PAMLICO 22 MAGNOLIA WAY GRANTSBORO, NC 28529												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
{C 189}	Continued From page 1		{C 189}									
	inspection 7-29-16 and repair.											
		ation, the facility has not mbing fixtures for personal										
	Followup Findings	on July 27, 2016:										
		ny vacuum breakers installed on the Central Bath tubs in the e 8-1-16 to repair										

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Division of Health Service Regulation STATE FORM